

I.M.P.A.C. PURCHASE CARD ACCOUNT SET UP AND MAINTENANCE

TYPE OF SET UP

☐

NEW

☐

CHANGE

☐CANCEL-
LATION

INSTRUCTIONS: Use this form to request a new account or to request changes to or cancel a current account. Complete one form for each type of action. Submit to the I.M.P.A.C. program coordinator. Complete only the applicable items for changes to existing accounts.

DELEGATION OF AUTHORITY:

You are delegated authority to purchase supplies and services not to exceed \$2,500 to be paid for by Government purchase card.

Supplies or services may be purchased, consistent with your organizational responsibilities, to satisfy legitimate GSA requirements. The delegation does not authorize you to purchase supplies or services on the open market that are required to be obtained from mandatory sources, or supplies or services for which procurement responsibility has been assigned to another GSA organizational element.

All purchases must be made in accordance with applicable laws and regulations including, but not limited to, the Federal Acquisition Regulation (FAR) and the General Services Administration Acquisition Regulations (GSAR).

This delegation shall automatically terminate upon separation from the agency, upon assignment to another office within the agency, or upon cancellation of the purchase card account by the approving official or the GSA purchase card program coordinator.

FOR CHANGES IN ACCOUNT PLEASE COMPLETE THE FOLLOWING TWO BLOCKS

CURRENT APPROVING OFFICIAL'S NAME

CURRENT CARDHOLDER'S NAME

SECTION I - CARDHOLDER

NAME			OFFICE CORRESPONDENCE SYMBOL	CHECKS REQUIRED
LAST	FIRST	MIDDLE INITIAL		<input type="checkbox"/> YES <input type="checkbox"/> NO
			ACCOUNTING CODE	
OFFICE STREET ADDRESS			SINGLE PURCHASE LIMIT (\$)	MONTHLY LIMIT (\$)
CITY	STATE	ZIP CODE (+ 4 if known)	MERCHANT ACTIVITY CODE (3 DIGITS)	DATE TRAINING COMPLETED
BUSINESS TELEPHONE NUMBER	CARDHOLDER'S CCMail ADDRESS		TYPE TRAINING <input type="checkbox"/> CLASS <input type="checkbox"/> IMPAC TUTOR	

APPROVING OFFICIAL

NAME

CCMAIL ADDRESS

SECTION III - SIGNATURES

REQUESTING OFFICIAL (Division Director or higher)	SIGNATURE	DATE
	TYPED OR PRINTED NAME OF SIGNER	
FUNDS MANAGER	SIGNATURE	DATE
	TYPED OR PRINTED NAME OF SIGNER	

FOR COORDINATORS USE ONLY

LEVEL ONE	LEVEL TWO	LEVEL THREE	LEVEL FOUR	LEVEL FIVE
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GENERAL SERVICES ADMINISTRATION

GSA FORM 3645 (REV. 2-98)
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